

GOVERNORS STATE UNIVERSITY  
COLLEGE OF HEALTH PROFESSIONS  
DIVISION OF HEALTH AND HUMAN SERVICES  
ALCOHOLISM SCIENCES

COURSE SYLLABUS

COURSE TITLE: INTERNSHIP  
COURSE NUMBER: HLSC 88D  
FOR: Graduate Students  
INSTRUCTOR: Cheryl L. Mejta, Ph.D.  
TIME: By Arrangements  
OFFICE: F 1103  
OFFICE HOURS: Mondays 2:00-4:30 p.m.; Thursdays 4:30-7:00 p.m.;  
Other hours by appointment  
OFFICE PHONE: (312) 534-5000, ext. 2139  
TRIMESTER: Fall 1987

HLSC 88D  
GSH ARCHIVES

COURSE DESCRIPTION:

The internship is considered to be the culmination of your formal training as an Alcoholism/Substance Abuse Specialist. At this juncture, a high degree of competency is expected and each student will be required to adequately display his/her level of competence. Students can specialize in Alcoholism/Substance Abuse Counseling, Administration, Research, Prevention or Education. It is expected that internship sites will adequately meet specialization needs.

TIME REQUIREMENT:

For each credit hour, a student is expected to spend 40 clock hours at the internship site. In addition to the internship hours each student is required to attend two hours of seminar every two weeks. Seminar is a separate one-hour graded experience which is independent of the time you spend at your sites.

COMPETENCIES: Upon completion of the internship, the student is able to:

- 1) Present him/herself as a Professional in the alcoholism/substance abuse field.
- 2) Demonstrate skills appropriate to his/her speciality (e.g., counseling, administration, prevention, etc.).

- 3) Keep detailed reports of clinical and administrative work performed (e.g., clinical charts, administrative policies, etc.).
- 4) Evaluate treatment effectiveness.
- 5) Evaluate agency effectiveness.

**EVALUATION:**

1. Participation and attendance: Attendance and participation at the internship sites are mandatory.
2. Logs (see sample sheets): You are required to pass in detailed logs of your on-site activities every 2 weeks. You may use the sample sheets or any reasonable facsimile.
3. Counseling Notes (see sample sheets): You are required to keep counseling notes on an individual or group counseling session on a weekly basis. These are to be submitted every two weeks.
4. Supervisory Appointment: All students are required to make and keep one supervisory appointment with the instructor.
5. Evaluation by Clinical Site Supervisor: Your clinical site supervisor will complete the attached intern evaluation form. This evaluation will be used in determining your final grade.

Grades will be assigned on an A, B, C, D, F, I scale.

**DIVISION OF HEALTH AND HUMAN SERVICES  
COLLEGE OF HEALTH PROFESSIONS  
GOVERNORS STATE UNIVERSITY**

Date \_\_\_\_\_

Professor \_\_\_\_\_

Intern \_\_\_\_\_

On-Site  
Supervisor \_\_\_\_\_

Internship  
Site \_\_\_\_\_

**INTERN EVALUATION FORM**

In an attempt to evaluate the counseling practicum field experience of the above student, please complete this evaluation form and return it to my office. This report will be included in the overall evaluation of the student's progress as a counselor trainee along with various on-campus assessments. Thank you for your valuable assistance in providing this professional service to our program and for your continued support of our practicum students.

Please evaluate the student's performance on each of the following activities (where applicable):

Place X Along Scale:	Poor	Average	Above Average	Excellent	Comments
1. A. Individual Counseling					
B. Group Counseling					
C. Consultation					
D. Testing & Approach					
E. Intake					
F. Drinking History					
G. Relations With Staff					
H. In-Service Training					
I. Staffings/Meetings					
J. Other (Explain):					
2. Overall Performance					

3. Potential as a future counselor/addictions specialist.

4. If you were in a position to add this person to your staff would you feel comfortable employing him/her? ☐ YES ☐ NO

ADDITIONAL COMMENTS:

☐ I have had an opportunity to review this evaluation and am aware of its content.

☐ I waive my right to review this evaluation.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**DIVISION OF HEALTH AND HUMAN SERVICES  
COLLEGE OF HEALTH PROFESSIONS  
GOVERNORS STATE UNIVERSITY**

Name \_\_\_\_\_

Session \_\_\_\_\_

Date \_\_\_\_\_

**COUNSELING NOTES**

1. Briefly describe what took place during the session.
2. What behavior or behaviors do you perceive as causing concern?
3. Were any decisions or alternatives discussed or made for next session?
4. What is the therapy goal for the next session?
5. What techniques or interventions do you perceive as applicable at this time?
6. What are your feelings concerning this session? Critique your own behavior.
7. Other comments:

**DIVISION OF HEALTH AND HUMAN SERVICES  
COLLEGE OF HEALTH PROFESSIONS  
GOVERNORS STATE UNIVERSITY**

**WEEKLY COUNSELING LOG**

Date \_\_\_\_\_ Name \_\_\_\_\_

Setting \_\_\_\_\_

Week # (Indicate # of Hours/Week)

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Counseling - Individual																
Counseling - Group																
Counseling - Staff																
Counseling - Parents																
Counseling - Community																
Assessment																
Career Education & Guidance																
Program Development																
Planning & Coordination																
Evaluation & Reporting																
Your work (writing notes, reviewing cases, etc.)																
In Supervision (include seminar) List (by initial) persons counseled this week and the dates:																
Weekly Total Hours																

**GRAND  
TOTAL**